

LEA: \_\_\_\_\_

### Psychological Services

Student: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Medicaid No.: \_\_\_\_\_

Student No. \_\_\_\_\_

Diagnosis and code: \_\_\_\_\_

Clinician: \_\_\_\_\_

### Service Log

Date	Service Code	Units	Notes	Initials

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name